

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>2000</i>	<i>7-24-00</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>7-27-00</i>
FORMALITY REVIEW	<i>Salma</i>	<i>50645</i>	<i>8-30-00</i>
RESPONSE FORMALITY REVIEW	<i>M. V.</i>	<i>625</i>	<i>03-05-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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